

OFFICIAL FILE  
ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

Illinois Commerce Commission  
527 E. Capitol Avenue  
Springfield, Illinois 62701

For Commission Use Only:

Case: 04-0585

ORIGINAL

Regarding a complaint by (Person making the complaint):

SMITH, SHARON

Against (Utility name):

NICOR GAS Company

As to (Reason for complaint)

EXCEEDINGLY HIGH BILL

in RIVER FOREST Illinois.

ILLINOIS  
COMMERCE COMMISSION  
2004 SEP 20 10:25  
CHIEF CLERK'S OFFICE

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is

8241 LAKE ST, APT 1, RIVER FOREST, IL 60305

The service address that I am complaining about is

AS ABOVE

My home telephone is

[708] 366-5504

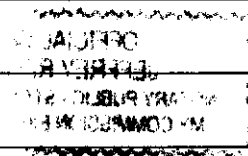
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at

[312] 362-8421

(Full name of utility company) NICOR GAS (respondent) is a public utility and is subject to the provisions of the Illinois Public Utilities Act.

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.

ICC ADMINISTRATIVE CODE PART 500 STANDARDS OF  
SERVICE FOR GAS UTILITY INCLUDING POINTS 220



Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?

☒ Yes ☐ No

Has your complaint filed with that office been closed?

☒ Yes ☐ No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

BILLS FOR PERIOD NOV - JAN EXTREMELY HIGH DESPITE THERMOSTAT BEING SET AT 60°. BILL IS ALMOST THIRCE PREVIOUS TWO YEARS.

HOUSEHOLD TEMPERATURE WAS SO LOW, KITCHEN PIPES FROZE. OCCUPANTS WERE AWAY FOR ONE MONTH DURING SAID PERIOD. NICOR CLAIMS THEIR METER FUNCTIONED ADEQUATELY ALTHOUGH NO REPORTS HAVE BEEN FORWARDED TO ME. AMOUNT IN QUESTION IS \$265.22. NICOR MADE AN ADVERSE REPORT ON MY CREDIT DESPITE PENDING COMPLAINT. Please clearly state what you want the Commission to do in this case:

GIVEN THAT NO SATISFACTORY AGREEMENT CAN BE ARRIVED AT INDEPENDENTLY, A GESTURE OF GOODWILL WITH NICOR ABSORBING HALF OF THE BILL, I WILL BE RESPONSIBLE FOR THE OTHER HALF.

Date: 9/14/04  
(Month, day, year)

Complainant's Signature [Signature]

If an attorney will represent you, please give the attorney's name, address, and telephone number.

You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).

#### VERIFICATION

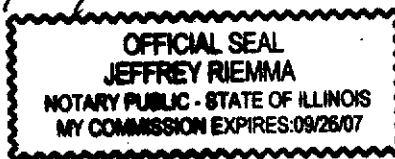
A notary public must witness the completion of this part of the form.

I, SHARON SMITH, first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge.

(Signature) [Signature]

Subscribed and sworn/affirmed to before me on (month, day, year) 09/14/2004

[Signature]  
Notary Public, Illinois



**NOTE:** Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.